PERISCOPE

Rivista di Patologia nervosa e mentale

(April, 1905.)

1. Chronic Progressive Chorea. G. DADDI.
2. The Reflex of the Extensor Digitorum Communis. ARTURO MORSELLI.
3. Histopathological Researches on Paramyoclonus Multiplex. EDOARDO POGGIO.

1. *Progressive Chorea.*—The author reports two cases. One of the two cases had associated epilepsy. The histopathological findings were numerical diminution of the nervous elements of the cerebral cortex, greater in the frontal or psychomotor regions, the cells as well as the fibers and of greater interest than superficial strata; modifications of the cellular structure, increase of the neuroglia, vascular lesions referable to arteriosclerosis.

Both these cases were old people, and it is important to bear this fact in mind when interpreting the lesions. The condition should be differentiated from cerebral arteriosclerosis of the diffuse form, chronic subcortical encephalitis of Binswanger, and the cortical atrophy of Alzheimer. In the first alterations are diffuse, and in preference about the vessels, in the second they spare the superficial strata of the cortex, and in the third present diverse vascular changes, the damage being limited almost exclusively to the territory of the great arteries.

2. *Extensor Digitorum Communis Reflex.*—The author sums up his studies in the five following conclusions:

I. The reflex of the extensor communis digitorum is produced by percussion in special places, one is situated about three inches beneath the condyle of the humerus, another on the muscular mass at the epicondyle, and the third toward the middle of the forearm on an oblique base line drawn from the radius to the elbow. It is not due to a motor impulse of central origin, but is a phenomenon of muscular reaction, dependent on the tone and the tonic and trophic condition of the nervous centres. Its nature is confirmed as well by the fact of having divers points of excitation, as by the varieties of reaction to stimuli; its being weakened in diseases, its etiology explained by a distrophic action on the muscle fibre, and finally its abolition in morbid conditions in which there is no anatomical alteraton in the reflex arc.

II. In normal individuals it is constant. It manifests itself under the forms of extension of a finger, of the hand, and by associated movements. The movement is in all cases prompt, quick, ample, of short duration, and ceases quickly with a rapid return to the previous condition of the part. In children less than three years old it is not easily elicited. In old people it is most torpid.

III. In pathological states it is modified, presenting exaggeration, weakness and even abolition. In augmentation of the muscular tone is recognized the morbid condition by a greater extension of all the bony parts, and therefore also of those fingers that in normal man are moved with difficulty or extended slowly, the stimulus not being sufficient to make the corresponding movement. In diminution of tonicity all the movements are slow, torpid and irregular, scarcely noticeable. When hypotonus reaches a certain grade there is no extension of the fingers or the hand.

IV. In no nervous affection can the diverse intensity of the reflex be a differential sign; as for example, between tabes and alcoholic pseudo-tabes, as in traumatic or rheumatic neuritis and that from alcohol, since in the toxic form there exists a torpid reaction and weakness of the muscles, while in the others it is quick or exaggerated. In hysteria and in the hystero-epileptic state is frequently found a greater excitability of the extensors, while in the epileptic state and in some neurasthenics the extension provoked is weakened and finally abolished.

V. In toxic cerebro-psychopathies from morphine and from alcohol (morphiomania, insanity and alcoholic pseudo-general paralysis), the reflex is torpid. On the contrary, it appears quick or exaggerated in dementia præcox (hebephrenia and catatonia) in progressive general paralysis, and in mania.

3. *Paramyoclonus Multiplex.*—A detailed histological description of the findings in a case dying at the age of sixty-nine, having suffered from myoclonia for twenty-five or thirty years. WHITE.

Miscellany

PERIPHERAL OBLITERATING ARTERITIS AS A CAUSE OF TRIPLEGIA FOLLOWING HEMIPLEGIA AND PARAPLEGIA. Chas. W. Burr and C. D. Camp (The American Journal of the Medical Sciences, June, 1905).

This rare and interesting cause of paraplegia must be distinguished from that due to arteriosclerotic changes in the spinal cord. In these cases the spinal cord is normal, but an oblitering endarteritis and a degenerative neuritis is found in the lower extremities. It is part of a general arteriosclerosis. Histological examination of the brain and spinal cord of one of the cases reported showed no lesion sufficient to explain the paraplegia. There was, however, an intense arteriosclerosis of the posterior tibial arteries and almost complete degeneration of the posterior tibial nerves. For a long time before his death the patient had had a complete paraplegia with contractures. The other case reported showed a similar condition, developing in a patient who had a hemiplegia from cerebral thrombosis, the result being a triplegia. These cases are to be distinguished from those due to combined brain and cord disease such as is seen in cerebrospinal syphilis. C. D. CAMP (Philadelphia).

TRAUMATIC NEUROSIS. C. Lombroso (Clin. Moderna, Vol. xi., Nos. 10 and 11).

The author considers traumatic neurosis as a specific disease somewhere between hysteria and neurasthenia on the one hand and hypochondriasis and melancholia on the other. It can be caused by physical and psychic trauma, even by the latter alone, as when it follows severe emotional strain. It is not always easy to decide as to the reality of the various symptoms which the patient alleges as present, as imposture and exaggeration are frequent in this disorder, especially as regards paralyses and pareses and the vague painful sensations often complained of. Lombroso approves of Mannkoff's method of examination in which continued pressure is made upon the alleged painful area. If the pain is real the pulse will increase in frequency. He also considers the myasthenic reaction of Flora a reliable sign of traumatic neurosis. In this the muscles which are affected cannot respond to prolonged faradic stimulation by tetanus, and only after some length of time recover that capability. He has also noted that often the temperature of the injured side is lower than that of the other.

JELLIFFE.

HYSTERIA. C. C. Hersman, Pittsburg, Pa. (Journal A. M. A., Nov. 11).

The author reports three cases, one of hysterical hyperpyrexia and two of motor (major) hysteria, one following a fright and the other a traumatism. In each there was only one set of muscles involved, in one the arm or leg and in the other the diaphragm. The attacks seemed to be unattended by fatigue, though violent and often of hours' duration, and attended with excessive perspiration. The cases suggest to him the following questions: Is there an irritating or paralyzing product formed within the cortical neurones? Is there an irritating body or product in the plasma bathing of the nerve cell? Is there an increase in the formation of cytotoxins? Is there a decrease in the elimination of the metabolic waste product? CAMP.